

13785-a

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

13785-a

1. PLACE OF DEATH

County Greene  
Township Pond Creek  
City..... (No..... St..... Ward)

Registration District No. 317  
Primary Registration District No. 5437

File No.....  
Registered No.....

2. FULL NAME

Andrew Comadore Lovette

(a) Residence No. .... St. .... Ward. .... (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 22-1859

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

72

9

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Michael G. Lovette

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Mabel Owen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

14. INFORMANT

Charlie Lovette

(Address)

Belling M.P. 2

15. FILED

5/8 31

W. S. Shover  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1931

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 19, 1931, that I last saw him alive on April 19, 1931, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of liver

46<sup>h</sup>

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

46<sup>h</sup>

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH. yes DATE OF 10 7

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. J. Booser, M. D.

April 19 31, (Address) Belling Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Garrutte Cemetery

April 21 1931

20. UNDERTAKER

ADDRESS

A. S. Wallace

Belling Mo

FEB 24 1931

2010-2011

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